

His Little Ones *First Baptist Lyman Preschool*

"Train a child in the way he should go, and when he is old he will not turn from it." (Proverbs 22:6)

Enrollment Form --- School Year 2020 - 2021

*Child's Name: _____ Goes by: _____ Gender: _____

Birth Date: _____ Age on 9/1/20: _____ Shirt Size: (circle best fit) X-Small (2/4) Small (6/8) Medium (10/12)

Is your child toilet trained? _____ (recognizes need, goes to the toilet, uses the toilet, manages clothes and has little to no accidents)

Allergies: _____

Has your child attended preschool elsewhere? _____ If so, where? _____

Does your child have any specific fears? _____

Does your child have any difficulty in hearing, speech, sight? (If so please explain, and list any steps taken to correct issue.)

*Parent's Name(s): _____ Marital Status: _____

If divorced, please describe custody arrangements: _____ Child resides with: _____

Home Address: _____

*Mailing: (if different) _____

Mom's Occupation: _____ Place of Employment: _____ Work #: _____

Dad's Occupation: _____ Place of Employment: _____ Work #: _____

*Mom's Cell #: _____ *Dad's Cell: _____ Home #: _____

*Email Address: (most frequently checked)

*Indicates information that will be shared in a school directory. Initial here _____ to allow the preschool to share this information in a school directory. The school directory encourages parent to parent communication for things such as birthday parties and playdates.


Emergency Contact (other than parent) (1) _____ Relationship: _____ #: _____

Emergency Contact (other than parent) (2) _____ Relationship: _____ #: _____

Name of persons, phone number and driver's license number (other than parents to whom we may release your child):

1) Name: _____ Relationship: _____ Phone #: _____ DL: _____

2) Name: _____ Relationship: _____ Phone #: _____ DL: _____

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Choose one:

* _____ (parent initial) I give my permission for my child to be included in media publications.

* _____ (parent initial) I only give my permission for my child to be included in pictures for preschool classroom/building purposes connected with the preschool. (ex: scrapbooks, bulletin boards, class projects)

.....
_____ (parent initial) I understand a current immunization record is required for the first day of school.

Does the family attend church?: _____ If so, where? _____

Are you interested in learning more about the other programs and activities of First Baptist Lyman? (Circle those you are interested in.)

Preschool Department	Children's Department	Youth Department	Adult Classes
Senior Programs	Recreation/Activities	Spiritual Development	Common Interest
Small Groups	VBS	Sunday Services/Activities	Wednesday Services/Activities

(Please check the class in which you wish your child to participate.)

Days are subject to change. Classes are based on number of students enrolled. The Director will contact parents during the summer if there are changes.

Monthly Tuition: (tuition is due September - May)

_____ 12 months	8:00 am - 11:30 am	Monday and Friday	\$140 per month
_____ 2 years old	8:00 am - 11:30 am	Tuesday, Wednesday, Thursday	\$175 per month
_____ 3 years old	8:00 am - 11:30 am	Tuesday, Wednesday, Thursday	\$185 per month
_____ 3 years old	8:00 am - 11:30 am	Monday through Friday	\$220 per month
_____ 4 years old	8:00 am - 11:30 am	Monday through Friday	\$220 per month
_____ Early Drop Off	7:30 am - 8:00 am	Monday through Friday	\$30 per month

Registration Fee is Non-Refundable. Registration fee for all classes (all ages) is \$200. The registration fee covers, but is not restricted to, classroom supplies, consumable supplies, preschool shirt, tote and clipboard, maintenance and repairs, as well as school insurance.

Parent Signature _____ Date _____

Office Use:

Registration Payment Date _____ Check # _____ or Cash _____ Received by _____